



# Community Development Department

## Planning Division Application Form

### Staff Use Only

Filing Date: \_\_\_\_\_

Application #: \_\_\_\_\_

Assigned Planner: \_\_\_\_\_

### Application Type

<input type="checkbox"/> <b>Adult Use Planning Permit</b>	<input type="checkbox"/> <b>Model Home Permit</b>
<input type="checkbox"/> <b>Agricultural Preserve Cancellation</b>	<input type="checkbox"/> <b>Non-Conforming Building Uses</b>
<input type="checkbox"/> <b>Alcohol Beverage Permit</b>	<input type="checkbox"/> <b>Parcel Map: (Select one)</b>
<input type="checkbox"/> <b>Amended Final Map</b>	<input type="checkbox"/> New – PM No. _____
<input type="checkbox"/> <b>Ancillary Game Arcade</b>	<input type="checkbox"/> Resubmitted – PM No. _____
<input type="checkbox"/> <b>Ancillary Smoking Lounge Permit</b>	<input type="checkbox"/> Waiver
<input type="checkbox"/> <b>Annexation</b>	<input type="checkbox"/> <b>Parking Determination</b>
<input type="checkbox"/> <b>Architectural Review</b>	<input type="checkbox"/> <b>Precise Plan Review: (Select one)</b>
<input type="checkbox"/> <b>Building Relocation</b>	<input type="checkbox"/> New
<input type="checkbox"/> <b>Certificate of Compliance</b>	<input type="checkbox"/> Major Modification to PP No. _____
<input type="checkbox"/> <b>Change of Zone</b>	<input type="checkbox"/> Minor Modification to PP No. _____
<input type="checkbox"/> <b>Community Facilities Plan Amendment</b>	<input type="checkbox"/> <b>Reversion to Acreage</b>
<input type="checkbox"/> <b>Conditional Use Permit: (Select one)</b>	<input type="checkbox"/> <b>Similar Use Finding</b>
<input type="checkbox"/> Major CUP	<input type="checkbox"/> <b>Special Use Permit: (Select one)</b>
<input type="checkbox"/> Minor CUP	<input type="checkbox"/> New
<input type="checkbox"/> Major Modification to CUP No. _____	<input type="checkbox"/> Renewal of SUP No. _____
<input type="checkbox"/> Minor Modification to CUP No. _____	<input type="checkbox"/> <b>Specific Plan: (Select one)</b>
<input type="checkbox"/> <b>Cul-de-sac Waiver</b>	<input type="checkbox"/> New
<input type="checkbox"/> <b>Density Bonus Agreement</b>	<input type="checkbox"/> Major Amendment to existing Specific Plan
<input type="checkbox"/> <b>Development Agreement</b>	<input type="checkbox"/> Minor Amendment to existing Specific Plan
<input type="checkbox"/> <b>Development Plan Review: (Select one)</b>	<input type="checkbox"/> <b>Sphere of Influence Amendment</b>
<input type="checkbox"/> Industrial/All Others	<input type="checkbox"/> <b>Substantial Conformance</b>
<input type="checkbox"/> Precise Plan for SFR subdivisions w/5 or more lots	<input type="checkbox"/> <b>Surface Mine: (Select one)</b>
<input type="checkbox"/> Precise Plan for MFR projects w/4 or more units	<input type="checkbox"/> Permit
<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Annual Inspection
<input type="checkbox"/> Specific Plan Amendment (Major)	<input type="checkbox"/> <b>Telecommunications Facility Review: (Select one)</b>
<input type="checkbox"/> Specific Plan Amendment (Minor)	<input type="checkbox"/> Major Telecommunications Facility
<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Minor Telecommunications Facility
<input type="checkbox"/> Tentative Tract Map	<input type="checkbox"/> Modification to Existing Telecommunications Facility (\$ 6409 of the Middle Class Tax Relief and Job Creation Act)
<input type="checkbox"/> <b>Extension of Time: (Select one)</b>	<input type="checkbox"/> Check if Located in Park
<input type="checkbox"/> DPR No. _____	<input type="checkbox"/> <b>Tentative Tract Map: (Select one)</b>
<input type="checkbox"/> PP No. _____	<input type="checkbox"/> New – TTM No. _____
<input type="checkbox"/> CUP No. _____	<input type="checkbox"/> Rephasing – TTM No. _____
<input type="checkbox"/> PM No. _____	<input type="checkbox"/> Resubmitted – TTM No. _____
<input type="checkbox"/> TTM No. _____	<input type="checkbox"/> <b>Variance: (Select one)</b>
<input type="checkbox"/> <b>General Plan Amendment</b>	<input type="checkbox"/> Major
<input type="checkbox"/> <b>Historic Building Demolition: (Select one)</b>	<input type="checkbox"/> Minor
<input type="checkbox"/> Heritage Inventory	<input type="checkbox"/> <b>Waiver or Modification (Subdivision Standards)</b>
<input type="checkbox"/> Landmark	<input type="checkbox"/> <b>Zoning Administrator Review</b>
<input type="checkbox"/> <b>Medical Office in a Residential Zone</b>	<input type="checkbox"/> <b>Other</b> _____

### Application Information

Applicant/Developer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's interest in property: ☐ Own ☐ Rent ☐ Other: \_\_\_\_\_

(If applicant is not the owner, the owner's authorization signature at the end of this form is required to process this request.)

**Owner Information:**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect Information:**

Architecture Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Engineer Information:**

Engineering Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**General Project Description (all types):**

Project Location (General) \_\_\_\_\_

Project Address: \_\_\_\_\_

General Description of Proposed Project: \_\_\_\_\_

**Subject Property Information (all types):**

Assessor's Parcel #: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

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General Plan Designation: \_\_\_\_\_ Zone Designation: \_\_\_\_\_ Specific Plan Designation: \_\_\_\_\_

Master Planned Community/Development Agreement (if applicable): \_\_\_\_\_

WQMP Required? ☐ Yes ☐ No Annex into CFD or LMD? ☐ Yes ☐ No

Current Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Grading Requirements (CYD's): Cut: \_\_\_\_\_ Fill: \_\_\_\_\_ Overex: \_\_\_\_\_

**Proposed Project (if applicable)**Type of use proposed: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other: \_\_\_\_\_**Residential Project Summary**

Name of Project: \_\_\_\_\_ Type of dwelling unit (SFR, MFR, etc): \_\_\_\_\_

<b>Dwelling Units:</b>	<b>Proposed</b>	<b>Existing</b>	<b>Density (DU/acre):</b> _____
1 Bedroom	_____	_____	Maximum building height: _____
2 Bedroom	_____	_____	Minimum lot size: _____
3 Bedroom	_____	_____	Average lot size: _____
4 or more Bedroom	_____	_____	Landscape Coverage (% of Lot): _____
Total	_____	_____	Building Coverage (% of Lot): _____

**Open Space Description:**☐ Private: \_\_\_\_\_ ☐ Common: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Total square footage of: Common Open Space \_\_\_\_\_ Private Open Space \_\_\_\_\_

**Non-residential Project Summary**

Gross floor area: \_\_\_\_\_ Proposed: \_\_\_\_\_ Existing: \_\_\_\_\_ Building Height: \_\_\_\_\_

Type of construction per California Building Code: \_\_\_\_\_ Occupancy: \_\_\_\_\_

Bldg	Bldg 1	Bldg 2	Bldg 3	Bldg 4	Bldg 5	Bldg 6	Bldg 7	Bldg 8	Bldg 9	Bldg 10
GFA										
FA										

GFA = Gross Floor Area FA = Footprint Area

# students/children (if applicable): \_\_\_\_\_ Seating capacity: \_\_\_\_\_ # Fueling Stations (if applicable): \_\_\_\_\_

**Parking Spaces:** Ratio: \_\_\_\_\_ No. of Spaces Required by code: \_\_\_\_\_ No. of Spaces Provided: \_\_\_\_\_

No. of Anticipated Employees as prescribed per CMC 11.02: \_\_\_\_\_ No. of Anticipated Daily Vehicle Trips: \_\_\_\_\_

Landscape Coverage (% of Lot): \_\_\_\_\_ Building Coverage (% of Lot): \_\_\_\_\_ F.A.R.: \_\_\_\_\_

**Special Use Permit Information**☐ Carnival or Circus ☐ Car, Truck or Motorcycle Shows ☐ Christmas Tree/Pumpkin Lots☐ Parking Lot Sale or Event ☐ Other Events: \_\_\_\_\_Non-Profit: ☐ Yes ☐ No Sale of Alcohol: ☐ Yes ☐ No Road Closures: ☐ Yes ☐ NoLive Music or D.J.: ☐ Yes ☐ No Number of Employees: \_\_\_\_\_ Estimated Number of Patrons: \_\_\_\_\_**Proposed Date (s) and Time(s):**

Date (s)							
Start Time							
End Time							

**Authorization (all types)**

Print applicant name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print owners name: \_\_\_\_\_

Owners Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_